

Maurice Davis V 17005

Name and Prisoner Booking Number

California State Prison - Sacramento

Place of Confinement

P.O. Box 290066

Mailing Address

Repressa, CA 95671

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

FILED

May 23, 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Maurice Daronte Davis Rogers)
(Full Name of Plaintiff) Plaintiff,)

v.) CASE NO. 2:22-cv-864-DB (PC)
(To be supplied by the Clerk)

(1) Dr. Meskath Uddin)

(Full Name of Defendant))

(2))

(3))

(4))

Defendant(s).)

Check if there are additional Defendants and attach page J-A listing them)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

- Original Complaint
 First Amended Complaint
 Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- 28 U.S.C. § 1333(a); 42 U.S.C. § 1983
 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
 Other: _____

2. Institution/city where violation occurred: CSP-SACRAMENTO / Repressa, CA

B. DEFENDANTS

1. Name of first Defendant: Dr. Neskaath Uddin. The first Defendant is employed as:
Doctor at California State Prison/Sacramento.
(Position and Title) (Institution)
2. Name of second Defendant: _____ The second Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
3. Name of third Defendant: _____ The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____ The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? Yes No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Fourth and Eighth Amendment of the U.S. constitution was violated

2. Claim I. Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Sexual and physical assault</u> | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On the date of 3-9-20 I was sexually and physically assaulted by Dr. Neskaith Udoh. I was scheduled for a aggravated groin injury but also had back pain. He asked me to pull up my shirt to check my disc while checking my back he began to punch it. I told him about the pain & discomfort "This hurts. Why are you punching me?" He states "Im a doctor I know what Im doing" He hits me another 4 times. I got aggravated and said "Hey Knock it off, that shit hurts" He backs away and says "Pull your pants down real quick" so I can check for hernia" He walked to the door and checked both ways. He told me to lay on the chair. While lying on the chair he grabbed my private area (penis) with his left hand and pushes my left thigh outward with his right. I say "Hey that's not my groin. That's my dick!" He states "Its all part of the same thing" Then squeezes my left groin area. I sat up and said "dude stop you're hurting me" He tells me to sit up and stand, twist, then bend at the hip and touch my toes. While in pain he says "Nothing is wrong Im taking your chronic/lower back/lower Test" I've contacted P.R.E.A and nothing was. I recently was seen by I.S.V staff they said they didn't have anything on file about my complaint. Also the D.O.M (Department Operations Manual) Penal Code 52050.19.3 and 52050.19.4 was violated. 52050.19.3 "Supervision of Searches" and 52050.19.5 "Methods" On 3-10-20 I told them Sgt Smith about the incident. On 3-11-20 I went to Mental Health with the same results

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Mental and Physical embarrassment. I tried to get my body some help and it was violated

5. Administrative Remedies:

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- Did you submit a request for administrative relief on Claim I? Yes No
- Did you appeal your request for relief on Claim I to the highest level? Yes No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

- Claim II.**

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

(10 lines for response)

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

(10 lines for response)

5. **Administrative Remedies.**

 - Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
 Yes No
 - Did you submit a request for administrative relief on Claim II?
 Yes No
 - Did you appeal your request for relief on Claim II to the highest level?
 Yes No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

- 1.** State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

 - Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
 - Did you submit a request for administrative relief on Claim III? Yes No
 - Did you appeal your request for relief on Claim III to the highest level? Yes No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

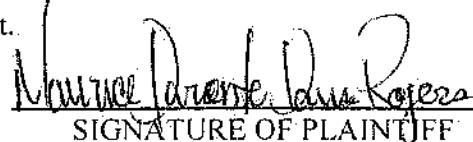
E. REQUEST FOR RELIEF

State the relief you are seeking:

Because of my fourth and ~~fifth~~ Eighth Amendment ~~and~~ U.S. Constitutional rights was violated as was C.D.C.R D.O.I. Penal Code 52050.19.3 "Juxtaposition and Searches" and 52050.19.5 "Methods" I am seeking \$200,000 total \$100,000 for the sexual and Physical assault committed by CDCR staff and another \$100,000 for Pain and Suffering. I have inquired about this incident for a long time and its been swept under the rug.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-20-22
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.